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Intent to Participate

(Complete both sides of this form, sign, and either fax or mail it to us.)

Agency type: ☐ State ☐ College ☐ City ☐ County ☐ Court

1. Agency name: _____

Division/branch: _____

2. Agency code: _____

(Enter the two-digit code FTB assigned your agency.)

3. Process year **20**

4. Public contact unit:

Provide an address and phone number for your debtors to contact you directly.

For agencies that do not have a public contact window, provide a post office box.

Agency name: _____

Unit name: _____

Address: _____

Room/suite/floor: _____

City: _____

State: _____ ZIP Code: _____

Telephone: (____) _____ Ext. _____

☐ Check this box if the public contact unit is a collection agency/service.

Provide name: _____

5. FTB Intercept Program liaisons:

Provide the names and **direct** telephone numbers of up to three individuals we may contact to resolve issues or obtain account information. These individuals should be authorized to request intercept services. **Do not list a collection agency's contact person in this portion. Only list the authorized contact for the participating agency.**

a) Name: _____

Position: _____

Telephone: (____) _____ Ext. _____

Email address: _____

(We may provide email addresses to the State Controller's Office for billing purposes.)

b) Name: _____

Position: _____

Telephone: (____) _____ Ext. _____

Email address: _____

c) Name: _____

Position: _____

Telephone: (____) _____ Ext. _____

Email address: _____

6. Agency mailing address to send intercept listings, warrants, fund transfers, media submissions, and billings:

Agency name: _____

Unit name: _____

Address: _____

Room/suite/floor: _____

City: _____

State: _____ ZIP Code: _____

Contact name: _____

Telephone: (____) _____ Ext. _____

Email address: _____

Fax number: (____) _____

7. Select your agency type (one only):

☐ State agency or college

Complete either A, B, or C. The State Controller will credit the intercepts accordingly.

A. General checking account number:

_____ (Three-digit number)

B. Special fund name: _____

(Fund #) (Org. Code)

State Controller's account number: _____

(Contact your accounting office for this number.)

C. Warrant ☐

☐ City or county agency:

A warrant will be issued to your agency listing the intercept funds sent to you.

Agency Certification

(Complete in full and sign.)

This document notifies FTB that the _____ plans to participate in the Interagency Intercept Collections program for the 20 _____ process year. In doing so, I certify that all debts submitted for offset comply with the following Government Code Sections (please mark one):

- ☐ State agencies and colleges — 12419.5, 12419.7, 12419.9, 12419.10, 12419.11, and 12419.12
- ☐ County and city agencies — 12419.8 and 12419.10

Type of debt we intend to collect:

- | | | | | |
|---|----------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Dishonored check | <input type="checkbox"/> Fees | <input type="checkbox"/> Fines | <input type="checkbox"/> Parking Citations | <input type="checkbox"/> Judgments |
| <input type="checkbox"/> Taxes | <input type="checkbox"/> Tuition | <input type="checkbox"/> Insurance | <input type="checkbox"/> Unpaid Services | <input type="checkbox"/> Overpayment |
| <input type="checkbox"/> Other _____ | | | | |
| _____ | | | | |
| _____ | | | | |

I certify that the _____ agrees to pay administrative costs to the California State Controller's Office for processing these offset accounts, and that I am authorized to request services on behalf of this agency/college.

I certify that all records, copies, files, and media submissions received by the _____ shall be destroyed in a manner acceptable to FTB. The approved destruction methods that permanently render data unreadable and unusable include:

- Degaussing and magnetizing disks.
- Damage to disks that prevents their use in any disk drive.
- Crisscross shredding if the shreds are 5/16 inch or smaller.

I further agree that our agency's/college's fax signatures sent to FTB should be treated as original signatures.

Signature: _____ Date: _____

Title: _____ Telephone: _____

FTB will not send or receive taxpayer social security numbers via regular email. Please do not use regular email to request or send confidential taxpayer information. Call the IIC group at 916.845.5344 to register for our secure internet file transfer service.